



Summer Camp 2016 Registration Form

Session Date: _____

Child Name: _____ Gender: _____
Age: _____ Height: _____ Weight: _____

Level of riding experience: ___ 0 to 3 months ___ 6 months to 1 year
 ___ 3 to 6 months ___ 1 year or more

Parents Name Mother: _____ Father: _____
 Phone: _____ Phone: _____

Address: _____
City: _____ State: _____ Zip Code: _____

Emergency contact: _____ Relationship to child: _____
 Phone 1: _____ Phone 2: _____

Credit card information

___ Visa
___ Master Card

Credit Card #: _____
Exp Date: _____ Security Code: _____
Name on Card _____
Amount of Charge: _____

Bring or Email form to:

CatchRide Academy
8787 Park Lane
Dallas, Tx 75231

214-725-7664
parklanelessons@gmail.com